



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: INDIANA SKIN CANCER AMBULATORY SURGERY CENTER

Street Address: 701 E. County Line Rd, Suite 208

City: Greenwood

County: IN

Administrator Name: Michael Murphy

Administrator Email: murphymd1@gmail.com

ASC Web Address:

Fiscal Year: 2021

Accredited: Yes No

Name of Accrediting Body:

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	1
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures

Persons Served in twelve-month period	3451	3451
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
13132	1029	
13121	650	
15260	374	
14061	344	
14041	243	
13101	234	
14060	219	
15220	109	
14021	61	
13152	50	

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	2
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